



General Assembly

January Session, 2013

Amendment

LCO No. 7273

SB0083707273HDO

Offered by:

REP. SERRA, 33rd Dist.
SEN. AYALA, 23rd Dist.
REP. ADINOLFI, 103rd Dist.
REP. COOK, 65th Dist.
REP. FLOREN, 149th Dist.
REP. FREY, 111th Dist.

REP. HAMPTON, 16th Dist.
REP. ROVERO, 51st Dist.
REP. STEINBERG, 136th Dist.
SEN. HARP, 10th Dist.
SEN. KELLY, 21st Dist.
REP. ZONI, 81st Dist.

To: Subst. Senate Bill No. **837**

File No. 110

Cal. No. 377

(As Amended by Senate Amendment Schedule "A")

"AN ACT CONCERNING THE DEPARTMENT ON AGING."

1 Strike section 7 in its entirety and renumber sections and internal
2 references accordingly

3 Strike section 19 in its entirety and insert the following in lieu
4 thereof:

5 "Sec. 19. Section 17b-427 of the general statutes is repealed and the
6 following is substituted in lieu thereof (*Effective from passage*):

7 (a) As used in this section:

8 (1) "CHOICES" means Connecticut's programs for health insurance

9 assistance, outreach, information and referral, counseling and
10 eligibility screening;

11 (2) "CHOICES health insurance assistance program" means the
12 federally recognized state health insurance assistance program funded
13 pursuant to P.L. 101-508 and administered by the Department [of
14 Social Services] on Aging, in conjunction with the area agencies on
15 aging and the Center for Medicare Advocacy, that provides free
16 information and assistance related to health insurance issues and
17 concerns of older persons and other Medicare beneficiaries in
18 Connecticut; and

19 (3) "Medicare organization" means any corporate entity or other
20 organization or group that contracts with the federal Centers for
21 Medicare and Medicaid Services to serve as a Medicare health plan
22 organization to provide health care services to Medicare beneficiaries
23 in this state as an alternative to the traditional Medicare fee-for-service
24 plan.

25 (b) The Department [of Social Services] on Aging shall administer
26 the CHOICES health insurance assistance program, which shall be a
27 comprehensive Medicare advocacy program that provides assistance
28 to Connecticut residents who are Medicare beneficiaries.

29 (c) The program shall [:(1) Maintain a toll-free telephone number to
30 provide] provide: (1) Toll-free telephone access for consumers to
31 obtain advice and information on Medicare benefits, including
32 prescription drug benefits available through the Medicare Part D
33 program, the Medicare appeals process, health insurance matters
34 applicable to Medicare beneficiaries and long-term care options
35 available in the state at least five days per week during normal
36 business hours; (2) [provide] information, advice and representation,
37 where appropriate, concerning the Medicare appeals process, by a
38 qualified attorney or paralegal at least five days per week during
39 normal business hours; (3) [prepare and distribute written materials to]
40 information through appropriate means and format, including written

41 materials, to Medicare beneficiaries, their families, senior citizens and
42 organizations regarding Medicare benefits, including prescription
43 drug benefits available through [the] Medicare Part D [program] and
44 other pharmaceutical drug company programs and long-term care
45 options available in the state; (4) [develop and distribute a Connecticut
46 Medicare consumers guide, after consultation with the Insurance
47 Commissioner and other organizations involved in servicing,
48 representing or advocating for Medicare beneficiaries, which shall be
49 available to any individual, upon request, and shall include: (A)
50 Information permitting beneficiaries to compare their options for
51 delivery of Medicare services; (B)] information concerning [the]
52 Medicare plans [available to beneficiaries, including the traditional
53 Medicare fee-for-service plan, Medicare Part D plans and the benefits
54 and services available through each plan; (C)] and services, private
55 insurance policies and federal and state-funded programs that are
56 available to beneficiaries to supplement Medicare coverage; (5)
57 information permitting Medicare beneficiaries to compare and
58 evaluate their options for delivery of Medicare and supplemental
59 insurance services; (6) information concerning the procedure to appeal
60 a denial of care and the procedure to request an expedited appeal of a
61 denial of care; [(D) information concerning private insurance policies
62 and federal and state-funded programs that are available to
63 supplement Medicare coverage for beneficiaries; (E) a worksheet for
64 beneficiaries to use to evaluate the various plans, including Medicare
65 Part D programs; and (F)] and (7) any other information the program
66 or the Commissioner on Aging deems relevant to Medicare
67 beneficiaries. [; (5) collaborate with other state agencies and entities in
68 the development of consumer-oriented web sites that provide
69 information on Medicare plans, including Medicare Part D plans, and
70 long-term care options that are available in the state; and (6) include
71 any functions the department deems necessary to conform to federal
72 grant requirements.]

73 (d) The Commissioner on Aging may include any additional
74 functions necessary to conform to federal grant requirements.

75 [(c)] (e) The Insurance Commissioner, in cooperation with, or on
76 behalf of, the Commissioner [of Social Services] on Aging, may require
77 each Medicare organization to: (1) Annually submit to the
78 [commissioner] Insurance Commissioner any data, reports or
79 information relevant to plan beneficiaries; and (2) at any other times at
80 which changes occur, submit information to the [commissioner]
81 Insurance Commissioner concerning current benefits, services or costs
82 to plan beneficiaries. Such information may include information
83 required under section 38a-478c.

84 [(d)] (f) Each Medicare organization that fails to file the annual data,
85 reports or information requested pursuant to subsection [(c)] (e) of this
86 section shall pay a late fee of one hundred dollars per day for each day
87 from the due date of such data, reports or information to the date of
88 filing. Each Medicare organization that files incomplete annual data,
89 reports or information shall be so informed by the Insurance
90 Commissioner, shall be given a date by which to remedy such
91 incomplete filing and shall pay said late fee commencing from the new
92 due date.

93 [(e)] (g) Not later than June 1, 2001, and annually thereafter, the
94 Insurance Commissioner, in conjunction with the Healthcare
95 Advocate, shall submit a list, in accordance with the provisions of
96 section 11-4a, to the Governor and to the joint standing committees of
97 the General Assembly having cognizance of matters relating to aging,
98 human services and insurance, [and to the select committee of the
99 General Assembly having cognizance of matters relating to aging, a
100 list] of those Medicare organizations that have failed to file any data,
101 reports or information requested pursuant to subsection [(c)] (e) of this
102 section.

103 [(f)] (h) All hospitals, as defined in section 19a-490, which treat
104 persons covered by Medicare Part A shall: (1) Notify incoming patients
105 covered by Medicare of the availability of the services established
106 pursuant to subsection [(b)] (c) of this section, (2) post or cause to be
107 posted in a conspicuous place therein the toll-free number established

108 pursuant to subsection [(b)] (c) of this section, and (3) provide each
 109 Medicare patient with the toll-free number and information on how to
 110 access the CHOICES program.

111 (i) The Commissioner on Aging may adopt regulations, in
 112 accordance with chapter 54, as necessary to implement the provisions
 113 of this section."

114 After the last section, add the following and renumber sections and
 115 internal references accordingly:

116 "Sec. 501. Sections 17b-367 and 17b-429 of the general statutes are
 117 repealed. (*Effective July 1, 2013*)"

This act shall take effect as follows and shall amend the following sections:		
Sec. 19	<i>from passage</i>	17b-427
Sec. 501	<i>July 1, 2013</i>	Repealer section